



**LOS ANGELES UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES – CERTIFICATED EMPLOYMENT OPERATIONS**

EMPLOYMENT AUTHORIZATION FOR RETIRANT

READ "INSTRUCTIONS FOR COMPLETION"

SECTION I - TO BE COMPLETED BY RETIRANT

NAME OF RETIRANT (LAST, FIRST, MIDDLE INITIAL, MAIDEN)		SOCIAL SECURITY NUMBER	
DATE OF RETIREMENT	DATE OF LAST EMPLOYMENT	DISTRICT AND COUNTY RETIRED FROM	DATE OF BIRTH
HAVE YOU BEEN EMPLOYED IN CALIFORNIA PUBLIC SCHOOLS SINCE RETIREMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES", WHAT WAS DATE OF LAST EMPLOYMENT AS A RETIRANT?	
COMPLETE ADDRESS OF RETIRANT (NUMBER, STREET, CITY, STATE, ZIP CODE)			
<i>I hereby authorize the named physician to release to the State Board of Education, and any County Superintendent of Schools, the governing board of a school district to which I have applied for employment, and representatives of any of them, any and all information regarding my physical or mental condition, including but not being limited to the history, findings, diagnosis, treatment given, present condition and prognosis.</i>			
SIGNATURE OF RETIRANT		DATE SIGNED	

SECTION II - TO BE COMPLETED BY PHYSICIAN

CERTIFICATION OF FREEDOM FROM CONTAGIOUS OR INFECTIOUS DISEASE			
<i>I hereby certify that, I am licensed to practice as a physician and on the date shown below I examined the above named person and found him/her to be free from any contagious or infectious disease including freedom from active tuberculosis.*</i>			
Signature of Physician		Date	Area Code Telephone Number
TYPE OR PRINT NAME OF PHYSICIAN		STATE LICENSE NUMBER	
BUSINESS ADDRESS OF PHYSICIAN		DATE OF EXAMINATION	
*Important - A notice from a public health agency or unit of the Tuberculosis Association may be substituted for only that part of the physician's statement relating to tuberculosis.			

SECTION III - TO BE COMPLETED BY EMPLOYING SCHOOL DISTRICT

NAME OF SCHOOL DISTRICT LOS ANGELES UNIFIED SCHOOL DISTRICT	DISTRICT NUMBER 64733
EMPLOYEE RETIRED FROM LOS ANGELES UNIFIED, LOS ANGELES COMMUNITY OR A COUNTY OTHER THAN LOS ANGELES <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" OBTAIN AND ATTACH A COPY OF THE STRS FORM MS 1218 WHICH THE TEACHER RECEIVED FROM THE STATE
DATE SERVICE WILL BEGIN*	*SERVICE MAY NOT BE RENDERED PRIOR TO THE DATE OF PHYSICIAN'S CERTIFICATION.
RETIREMENT CATEGORY TEN (10) MUST BE USED FOR PAYROLL PURPOSES	
SIGNATURE OF AUTHORIZED DISTRICT OFFICIAL	DATE SIGNED

FOR OFFICE USE ONLY

VERIFIED RETIREMENT DATE	APPROVED
EMPLOYMENT AUTHORIZATION VALID BEGINNING	CERT



**INSTRUCTIONS FOR COMPLETION OF
EMPLOYMENT AUTHORIZATION FOR RETIRANT**

NOTE TO RETIRANT

1. Complete Section 1.
2. Your physician must complete Section II.
3. Your initial employment following retirement cannot commence prior to the date your physician has signed the "Certification of Freedom from Contagious or Infectious Disease" in Section II of this form, or the effective date of your retirement, whichever is later. Complete this form and return to the school district.
4. Pursuant to E.C. 44839.5 states that your medical examination required for initial employment as a retirant shall be at the retirant's expense and shall be conducted not more than six months before completion and submission of the certificate which is Section II of this form.
5. A school district or county superintendent of schools which initially employed a retirant, or subsequently employs a retirant, or subsequently employs a retirant, may require a periodic medical examination to determine that the retirant is free from communicable disease. The periodic medical examination shall be at the expense of the school district or county superintendent.
6. Pursuant to Education Code Section 24214 (e) effective through June 30, 2012, individuals retired for serve who have not performed creditable service for at least 12 consecutive months after retirement may be temporarily employed to perform certificated services without an earnings limitation.
7. Pursuant to Education Code Section 24216.6 effective through June 30, 2012, STRS members retired from service on or before January 1, 2009 who are employed to provide direct remedial instruction to pupils in grades 2-12, as specified, may be exempt from the earnings limit.

NOTE TO EMPLOYING SCHOOL DISTRICT

1. Complete Section III of this form.
2. A retired Teacher Employment Authorization form must be filed with the Los Angeles County Superintendent of Schools only by the school district initially employing a teacher after his/her retirement. This form is also required on initial employment of a retirant as a consultant or independent contractor if earnings are paid on a salary warrant.
3. In Section 1, if the teacher indicated he/she has not been employed in the public school system since retirement you are the initial employing district. The initial district should not request credential Verification of Registration information. Verification of Registration information will be sent to the district with the approved authorization copy.
4. If the teacher retired from either the Los Angeles Unified or the Los Angeles Community College district or from a county other than Los Angeles County, a copy of the STRS allowance form (which the teacher received from the state office) must be attached to the initial Retired Teachers Employment Authorization.
5. In Section 1, if the teacher indicated he/she has been employed in the public school system since retirement, it is not necessary to file a Retired Teacher Employment Authorization. After the initial Retired Teacher Employment Authorization has been filed with the Credentials Section of the Division of School Financial Services at the County Office, the Verification of Registration information will be sent to the employing school district.